Medicaid Telehealth Enrollment Attachment

NOTE: If your site is a "patient only" site, this form does not need to be submitted.

Telehealth Site Name: _____
Telehealth Site Medicaid Provider Number: _____

1. Practitioner Names: List the names of the approved practitioner(s) providing services and located at the above site.
2. Service Rendering Provider Number (SRP #): List the practitioner's service rendering provider (SRP) number as listed under the site's Medicaid provider number or as listed under the practitioner's group number.
3. Medicaid Pay-to-Billing Number: List the pay to billing provider number of the practitioner used to bill the practitioner's telehealth services.   This may be a solo or group number.

Practitioners approved to provide services at this site:

Practitioner Name	SRP #	Pay to Medicaid Billing #

(List additional practitioners on back or separate sheet.)